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ABSTRACT

As schools develop programs to serve students with increasingly complex conditions and as greater numbers of students with severe disabilities are mainstreamed into their neighborhood schools, requirements for safely transporting these students have become more complicated. This document provides special education administrators, transportation program administrators, and technical support staff a concise resource manual including multiple checklists, references to specific state and federal regulations related to special education transportation, additional lists of resource persons and materials, numerous questions and answers designed to uncover potential problem areas, and recommendations relating to various procedures. Although not intended to be regulatory, the materials are a starting point for cooperation and negotiations among the service agents responsible for ensuring special education students' safety and well-being and providing appropriate support and educational services. Recognizing and understanding the federal and state laws governing special education and pupil transportation is the key to providing effective student services. The manual also contains a sample protocol for determining needs for bus attendants and a transportation questionnaire geared to specific student needs. Appendices providing information for administrators, transportation personnel, and special education staff are also included, along with crash-protection advice and resources. (MLH)

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Transporting Students with Special Needs

A Resource Manual for School District Administrators

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Transporting Students with Special Needs

A Resource Manual for School District Administrators

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Transporting
Students with Special Needs
A Resource Manual for Special Education Administrators

Introduction

Transportation is a related service that may be required for any student with a disability. For many students with mild disabilities, this may simply mean riding the school bus with non-handicapped students. But for students with more severe disabilities, special buses or more specialized equipment may be needed to take them from their home to the site of their special education services. As schools have developed programs to serve students with increasingly complex (and sometimes medically fragile) conditions and as greater numbers of students with severe disabilities are mainstreamed into their neighborhood schools, requirements for safely transporting these students have become increasingly complex.

This document will provide special education administrators, transportation program administrators, and technical and support staff a concise resource manual that includes:

- Multiple checklists
- References to specific state and federal regulations relating to special education transportation
- Additional resource persons and materials
- A variety of questions designed to uncover potential problem areas
- Recommendations relating to various procedures

The materials are not intended to be regulatory, but rather are designed to provide a starting point for the cooperation and negotiations among those service agents necessary to assure the safety and personal well-being of the special education student, as well as the appropriateness of all support and educational services. Recognizing and understanding the federal and state laws which govern special education and pupil transportation can be challenging and is a key element in providing effective student services.

This manual can effectively be utilized once the basic format is recognized. It begins with a checklist, specifically designed for a district superintendent or director of special education. The checklist will help the administrator review current district practices, pinpoint areas for discussion, and designate possible improvements. It is important to review the second section of the manual at the time the first 17-question checklist is read, as the section provides the background necessary to understand the checklist's application.

This manual also includes several additional checklists for other staff to use in determining possible strategies and methodologies in providing student services. Finally, the manual contains a variety of suggestions, sample materials, and resources related to transportation of students with special needs.

Special Needs Transportation Checklist

	YES	NO
1. When transportation is required as a related service for a student with special needs, is there a transportation representative present during the IEP meeting (or alternatively, are transportation staff consulted prior to the meeting)? (See page 3 for more information.)		
2. Is the transportation department informed prior to the beginning of actual transporting when a student with special needs will require special arrangements due to: (See page 3 for more information.)		
a) aggressive or dangerous behavior?		
b) a technology dependent condition (e.g., tracheostomy tubes, respirator, oxygen, temperature controlled vehicle, etc.)?		
c) the need for other medical or assistive devices to be present (e.g., wheelchairs, walkers, adapted car seats, etc.)?		
d) a particularly fragile condition such as osteogenesis imperfecta (brittle bones)?		
e) a communicable disease or low resistance to communicable disease?		
f) uncontrolled seizure activity or apnea (cessation of breathing) episodes?		
g) need for an assistance animal?		
h) need for an emergency protocol?		
i) a medical attendant is required to ride on the bus (e.g., nurse or specially trained attendant)?		
j) alternative communication system?		
3. Before special transportation arrangements are recommended, is the transportation staff consulted to insure that they have adequate equipment to transport the student (e.g., if a student needs to be transported in a full body cast that does not fit on the existing vehicles or a temperature controlled vehicle is required)? (See page 4 for more information.)		
4. Are the proposed timelines for initiating transportation services realistic? (See page 4 for more information.)		
5. When transportation is planned for a student with special needs, is the length of the ride generally realistic, considering specific needs of the students and the amount of time other non-disabled students ride the bus? (See page 4 for more information.)		
6. When planning transportation for a student with special needs, are alternative plans developed in case the first choice doesn't prove workable (e.g., reimbursing parents for transportation or considering another placement)? (See page 5 for more information.)		
7. If a student with special needs requires an adaptive seat during transportation, are the occupational therapist, physical therapist, and speech pathologist who work with the student consulted to determine desired positioning, alternative seating, use of Augmentative Communication devices, etc.? (See page 5 for more information.)		

	YES	NO
8. Do special education staff, including therapists, know the requirements and restrictions which govern transportation of special needs students (e.g., which mobility devices provide safe seating for a student during transportation, what materials meet safety standards, when lap trays must be removed, etc.)? (See page 5 for more information.)		
9. Are bus attendants placed on the bus when a student with special needs requires more attention or assistance than the driver can safely provide (e.g., continuous or frequent monitoring of respiration, continuous or frequent monitoring for choking, administration of medication, etc.)? (See page 6 for more information.)		
10. Does the district assist in providing the necessary bus driver or bus attendant training program, to ensure that transportation personnel are aware of requirements of PL 94-142, PL 101-476 and Section 504, as well as characteristics of handicapping conditions, emergency procedures, etc.? (See page 8 for more information.)		
11. Does the district provide the transportation department or contracted agent with information needed to maintain a complete transportation data file on each student with special needs which includes: a) information regarding the special care or needs that may impact transportability, b) information on IEP goals and objectives the driver should know, especially behavioral, communication and motor skills, and c) a record of the parent notification of rights? (See page 8 for more information.)		
12. Does the district provide the transportation department or contracted agent with the information necessary to provide emergency data cards for drivers that include any student special care or needs during transportation? (See page 9 for more information.)		
13. Are parents informed of both their rights and responsibilities regarding the transportation of their child? (See page 9 for more information.)		
14. Does the district's transportation department or contracted agent ensure that the bus driver participates in regularly scheduled emergency bus evacuation drills? Are there specific plans for how each student with exceptional transportation needs will be handled during emergency evacuation? (See page 9 for more information.)		
15. Does the district have a plan for responding to a parental request prohibiting student resuscitation? (See page 9 for more information.)		
16. Does the district have a policy on the transporting of assistance animals on school buses or other pupil transporting vehicles (e.g., do you require a veterinarian's immunization certification, certification of training; what will be done if other passengers are allergic)? (See page 11 for more information.)		
17. Is there a process in place for resolving disagreements regarding transportation for a given student? (See page 11 for more information.)		

Transporting Students with Special Needs

1. ***Question:*** *When transportation is required as a related service for a student with special needs, is there a transportation representative present during the IEP meeting (or alternatively are transportation staff consulted prior to the meeting)?*

   Answer: Unless the transportation services that will be required by the IEP (or required for access under Section 504, or to go to an Early Intervention Program) are a part of the already existing, regularly scheduled services, a transportation representative should be consulted early in the process. Individual school districts and their contracted agents, will vary in their ability to address complex transportation challenges. However, it would be helpful to send a transportation representative to the IEP meeting whenever possible. When sending a representative, that person should be someone with decision-making authority who can commit transportation resources. If it is not possible for a representative of transportation to attend the IEP meeting, the transportation department should be given an opportunity to provide written recommendations or be part of the evaluation process. They should address the amount, frequency and specialized capability of the transportation service they are able to provide and a clear statement of the problems they would face in making other arrangements.

   Whether the transportation department sends a representative to the meeting, or has input through another channel, obtaining the input at the planning stage can avoid the need for crisis management at a later time. Including transportation in the evaluation and planning process allows transportation staff to be better informed about the child and his or her unique educational needs; provides an opportunity for the transportation staff member to share his/her expertise with others who are involved in the planning; prevents the development of a plan that places unrealistic demands upon transportation, (such as the need for an additional bus); offers the opportunity for all parties to negotiate a compromise or select a viable alternative during the planning process; and avoids placing the district in the position of having signed off on and thus committed to an educational plan that they cannot implement.

2. ***Question:*** *Is the transportation department informed prior to the beginning of actual transporting when a student with special needs will require special arrangements?*

   Answer: If the student is affected by a special need (e.g., aggressive or dangerous behavior, a technology dependent condition requiring tracheostomy tubes, oxygen, etc., need for medical or assistive devices to be present, a particularly fragile condition such as osteogenesis imperfecta (brittle bones), uncontrollable seizure disorder or apnea; or has a chronic communicable disease, need for an assistance animal or an attendant, transportation personnel should be included in the planning as soon as possible in order to make the necessary arrangements prior to transporting this student.

   Inclusion of transportation personnel in planning for a student with a chronic communicable disease does not mean that a student's right to confidentiality should be violated. For instance, if a student has AIDS, or is HIV positive, staff may be informed on a "need to know" basis. Current practice is to treat all bodily fluids as if they could be dangerous. Check your board policy for exactly how to handle the situation.

Specialized consideration for the previously listed situations, as well as other situations, should be given when determining the most appropriate plan for delivering transportation services. Appropriate decision making can occur only if the IEP committee considers all state regulations, federal laws and district policies that must be addressed, as well as being familiar with local resources that can be called upon to meet requirements and needs.

3. ***Question:*** *Before special transportation arrangements are recommended, is the transportation staff consulted early in the planning process to ensure they have adequate equipment to transport the student?*

Answer: Students with physical and multiple handicaps may utilize mobility devices that present difficult problems for the transportation staff. Many power chairs and three-wheel carts do not meet safety standards. Other devices may be too long to fit on the power lift or do not have a structural design that allows them to be securely anchored. A school district or its contracted agent may not have an open wheelchair slot available and may need to have a bus adapted. They may not have a vehicle that can accommodate a wheelchair and may need to order a bus with wheelchair slots and a lift. Obtaining the necessary equipment may take weeks or months and the lack of special equipment will affect the planning and eventual safe transportation of the student. If a delay is necessary, an interim plan should be developed to ensure that the child receives a Free Appropriate Public Education (FAPE).

4. ***Question:*** *Are the proposed timelines for initiating transportation services realistic?*

Answer: Administrative staff should review the availability of resources necessary to provide transportation services given the individual student's needs. False starts and repeated delays create undue anxiety for students, parents, and staff alike. Prior to the IEP meeting, decisionmakers must be aware of reasonable timelines for beginning the specialized transportation. The initiation of transportation may need to be postponed until a vehicle can be adapted or acquired. The IEP committee should be aware of potential problems and take them into consideration when developing the IEP.

5. ***Question:*** *When transportation is planned for a student with special needs, is the length of the ride generally realistic considering the specific needs of the student?*

Answer: In general a useful rule of thumb is that the student with special needs should not be riding a bus any longer than non-handicapped students. Additional considerations may be necessary for students with special medical needs. For instance, a student who is respirator dependent may utilize a respirator that is run by a battery that must be recharged every 20 minutes. Other students in wheelchairs who cannot shift their weight from side to side in their chairs may need to change positions every 20 to 30 minutes in order to prevent decubiti (pressure sores).

It is important to remember that the child with a disability has a right to a school day the same length as that provided to other students. The student with special needs must arrive and depart at the same time as other students unless his day is changed by the IEP due to his unique needs.

6. ***Question:*** *When planning transportation for a student with special needs, are alternative plans developed in case the first choice doesn't prove workable?*

Answer: It is good planning to identify at least one alternative to the initial plan in case it is not possible to initiate the plan immediately. This may be especially true for smaller districts that may need to provide a single designated run or bus to accommodate the student. Then, if special equipment must be ordered, or a bus must be adapted, there will be an alternative plan to transport the student in a timely manner to the desired program. Alternatives may include (but not be limited to) having the parent transport the student, using a taxi or an ambulance, or temporarily changing the student's placement or schedule.

While the law requires that school districts provide the transportation needed by each student and that the student has a right to arrive and leave school at the same time as other students, temporary alternatives are better than leaving the student at home because of lack of planning.

7. ***Question:*** *If a student with special needs requires an adaptive seat during transportation, are the occupational therapist, physical therapist, and speech/language pathologist who work with the student consulted to determine desired positioning, alternative seating, use of augmentative communication devices, etc.?*

Answer: Many students with physical and multiple handicaps require specially adapted seating during transportation. For instance, students with severe scoliosis or poor muscle control can be in debilitating pain and/or at risk for injury if they are not firmly held in a therapeutic position. School therapists have the professional training to understand the positioning needs of each student they serve. They are also often skilled in designing and constructing custom designed seating devices and/or adapting commercial products. However, anything they design or adapt must meet federal requirements for safety in transportation.

8. ***Question:*** *Do special education staff, including therapists, know the requirements and restrictions which govern transportation of special needs students (e.g., which mobility devices are safe for a student to be seated in during transportation; what materials meet safety standards; when lap trays must be removed, etc.)?*

Answer: Although therapists have expertise in designing, constructing and adapting devices, it is very likely that therapists will not be aware of the federal and state regulations governing the construction of such seating devices. Transportation personnel who are aware of the standards for satisfactory performance in dynamic crash testing and requirements for wheelchair restraint systems should work in cooperation with the therapists to arrive at a solution that both meets the student's individual needs and meets the district's responsibility to adhere to safety standards.

Many commercially available mobility devices carry a manufacturer's stipulation that their products are not to be used for transportation purposes, thereby providing a major dilemma for the school district. If one of these products is utilized by a student, transportation alternatives must be sought. These alternatives may range from seeking another mobility device which can be safely transported while still meeting the positioning and mobility needs of the student, to seeking other means of positioning the student during the bus ride. It may even be necessary to provide a temporary or

permanent change of placement site so that the student is not excluded from school due to the lack of a safe transportation alternative.

State and federal regulations specifically address the construction and equipping of Oregon school busses and school activity vehicles. ORS 801.455 and ORS 801.460 provide definition for those vehicles, and ORS 820.100 through 820.120 require the Oregon Department of Education to adopt and enforce rules regarding the vehicles, their operation, and their drivers.

The ODE regulations are included in Oregon Administrative Rule 581, Division 53. They can be found in the following ODE publications:

a. Minimum Standards for Oregon School Busses
b. Type 10, Type 20, and Type 21 School Activity Vehicle Rules
c. Oregon Pupil Transportation Manual

When alterations or changes to the pupil transporting vehicle not covered by existing rules are needed to accommodate a student's special needs, prior approval must be obtained through the Oregon Department of Education. If questions arise regarding these rules, contact the ODE Pupil Transportation Services at 378-3577.

9. ***Question:*** *Are bus attendants placed on the bus when a student with special needs requires more attention or assistance than the driver can safely provide (e.g., continuous or frequent monitoring of respiration, continuous or frequent monitoring for choking, administration of medication, aggressive or physically abusive behavior, etc.)?*

Answer: Few districts in Oregon provide attendants on special education buses. In some other states, attendants are required on every special education bus. Probably neither of these situations is the best. The most desirable situation is for the district to have a written procedure for determining when a bus attendant is needed for the health and safety of the student with special needs and for the health and safety of all of the students on the bus. No student should be knowingly placed in a life threatening situation because of the lack of someone to monitor his/her needs. Conversely no bus driver should be required to perform a task that interferes with the driver's ability to pay attention to the demands of driving a vehicle. For example, a driver should be watching the road ahead of him/her at all times and checking the rear view mirror for approaching traffic every 5 to 7 seconds. That driver cannot be expected to monitor a student who is in danger of choking or ceasing to breathe. Neither can a driver monitor a student who has frequent seizures or who is physically aggressive towards other students. Not every special education bus needs an attendant, but some do.

Each district should determine what specific situations or combination of situations would constitute the need to place an attendant on the bus. They may also want to consider other alternatives that may solve the problem. For example, installing mobile radios on the special education bus may minimize the need for an assistant, unless the bus is traveling long distances from areas of concentrated population .

Districts may want to consider the items below when developing their policies. Checking one or more of the following concerns would indicate the need for an attendant.

Sample protocol for determining need for a bus attendant.

A bus attendant should be considered whenever needed to ensure the health and safety of the student(s) with special needs and others on his/her bus. Consideration must address 1) individual **student** concerns and characteristics, 2) **situational** concerns and 3) defined responsibilities of the specific bus driver. If any of the following conditions are present and a bus attendant's assistance would help ensure the students' health and safety, provision of a bus attendant should be considered. It is recommended that the decision be made by the transportation department in conjunction with special education and general education administrators.

A. Student Concerns

___ 1. A student endangering safety of self or others by uncontrollable movement.
___ 2. A student requiring frequent or continuous visual monitoring, due to life threatening situations (e.g., uncontrolled seizures, frequent choking, cessation of breathing).
___ 3. A student requiring (or might require) immediate physical attention (e.g., a student who is medically fragile, who has uncontrolled or life-threatening seizures, or who needs medicine or monitoring for emergency health situations).
___ 4. A student requiring special medical equipment that requires monitoring (e.g., respirator, oxygen tanks, i.v.).
___ 5. A student endangering self or others (e.g., student who is physically or verbally aggressive, who is unable or refuses to follow directions independently).
___ 6. More than one student in nonremovable restraints (or safety support system) and possibly requiring assistance with an emergency.
___ 7. A student has program needs stated in IEP (e.g., appropriate socialization or communication) which specifically requires data collection or other extraordinary attention during bus operation.

B. Situational Concerns

___ 1. A bus attendant is necessary to ensure safety in an emergency (e.g., number of students in wheelchairs or in infant car seats that must be lifted in and out would require bus attendant's assistance to disembark safely). Note: all straps that secure a student into a seating device should have quick release fasteners.
___ 2. More than one student needing assistance from the driver or bus attendant in order to enter/ depart
___ 3. A student transferred into and/or out of the bus or mobility device and requiring a two-person lift.

*10. **Question:** Does the district assist in providing the necessary bus driver or bus attendant training program to bus drivers and attendants?*

Answer: Oregon law requires that each school bus driver receive necessary training in the area of special education. Drivers must have the opportunity to learn about the specific handicapping conditions of the students assigned to their bus and about their individual needs. Drivers should know how to communicate with each student on their bus. This may include utilizing language boards, augmentative communication devices or sign language. They should also know how to utilize and

operate any assistive devices needed by the student (see Appendix B). The bus driver should be trained in behavior management techniques and familiar with the specific behavioral program designed for a particular student. They should know the disciplinary and suspension procedures that can be used with a specific student. The district, ESD or regional program staff would be excellent resources for training in these areas. The bus driver should be trained in emergency protocol procedures, including what to do in the case of a "Do not resuscitate" policy that may be in effect for an individual student. Emergency evacuation procedures should be included in the training program.

11. ***Question:*** *Does the district provide the transportation department or contracted agent with information needed to maintain a complete transportation data file on each student with special needs that includes information regarding transporting a student with special care or needs?*

Answer: The transportation data file should include at least the following:

* the student's specific condition warranting special transportation services;
* parent or guardian's name (s), address (es), phone number (s);
* pick up and drop off locations and times, (and alternate site, if appropriate);
* appropriate person to receive the student,
* any assistive devices used by the student;
* any assistive devices required for transportation;
* name of whom to contact about the operation of these assistive devices;
* type of specific assistance the driver must provide, if any;
* type of specialized training the driver must receive, if any;
* whether a bus attendant is required;
* target date for the initiation of transportation services;
* clearly defined levels of the student's participation in emergency evacuation drills;
* a copy of the emergency data card;
* information on the behavior management plan to be used;
* any components of the student's IEP that may relate to transportation, (i.e. what behaviors are expected, how those behaviors are to be consecrated, how each student communicates, what positions are therapeutically appropriate, which positions may be contraindicated, etc.)
* signed parent notification statement regarding their rights and responsibilities as they relate to transportation.

12. ***Question:*** *Does the district provide the transportation department or the contracted agent with information necessary to provide emergency data cards for drivers that include any student special care or needs during transportation?*

Answer: An emergency data card can play a most important role in protecting the student in the event of an emergency situation while enroute to or from school. The emergency data card should include at least the following:

* a picture of the student, a student identification bracelet or tag.
* specifics relating to the handicapping condition.
* a statement of emergency medical protocol signed by the parent or guardian and appropriate health care professional as indicated by district policy.
* pick up and drop off times, locations and any special instructions.
* behavior management program or techniques.

13. ***Question:*** *Are parents informed of both their rights and their responsibilities regarding the transportation of their child?*

Answer: The district is required to inform parents or guardians of their rights under PL 94-142. This includes information about their child's right to receive transportation as a related service, if necessary.

14. ***Question:*** *Does the district transportation department or contracted agent ensure that the bus driver participates in regularly scheduled emergency bus evacuation drills? Are there specific plans for the way each student with exceptional transportation needs will be handled during emergency evacuation?*

Answer: Certain conditions may prohibit or limit the student from safely participating in emergency evacuation drills. If this is the case, special education and related services staff should identify the limits or exceptions. This must then be included on both the emergency Data Card and the transportation file. In the case of medically fragile children, a registered nurse may be needed to help determine what safety considerations are needed.

15. ***Question:*** *Does the district have a plan in place to respond to a parental request prohibiting student resuscitation?*

Answer: (Note: This section is NOT a recommendation for districts to accept a "Do not resuscitate request", rather that proper planning and policy development occur BEFORE a request is received. Districts may be limited in their response by statute and any policy statement must be consistent with the law.) Although instances of requests for nonresuscitation are rare, the district should have a policy relating to this situation. **The policy may be that nothing different will be done or that the driver will take the student to the nearest emergency service and turn the situation over to an EMT to decide.** The policy is up to the district to determine. The policy should state exactly what the staff will be expected to do. Who will make the decision not to resuscitate? What emergency actions will be taken, what will not? This policy should include the requirement for a clearly written request from the parent, prohibiting student resuscitation, and a copy of the court order not to resuscitate if a court order has been made. A do not resuscitate order is a medical directive made to medically licensed personnel. It may also require a written physician's statement or other information. If a request for **No Resuscitation** is made, the school staff will need the opportunity to discuss this decision from the family and clarify their own feelings. Also, there may be bus drivers or attendants for whom this presents a religious or moral conflict. *The opportunity to resolve these conflicts should take place prior to an emergency situation.* (See sample policy included on page 24, specifically, number five.)

16. ***Question:*** *Does the district have a policy on the transporting of assistance animals on school buses or other pupil transporting vehicles?*

Answer: As assistance animals become more common not only for students with visual impairment, but for students with the hearing impairment or physical disabilities, it may be necessary for the district to have a policy on the transporting of these assistance animals. ORS 346.610 through .690 address the accommodations required for guide and assistance animals while they are in "training"

and while in the company of a person with an impairment or disabling condition. The policy should be consistent with applicable administrative rules and address such things as whether they will require a veterinarian's immunization certification, certification of training, emergency procedures, what will be done if other passengers are allergic, if parents of other students riding the same bus will be notified that an assistance animal will be transported, etc.

17. ***Question:*** *Is there a process in place for resolving disagreements regarding transportation for a given student?*

Answer: District policy should indicate a process to be followed when there is a dispute. Although most disputes can be avoided by including transportation personnel in the planning process, there will still be occasions when disputes arise. What process should the bus driver use? What process should the parent, teacher or therapist use?

Special Needs Transportation Specific Student Questionnaire

	YES	NO
1. Will transportation be specified as a related service for this student?	____	____
If yes, has a transportation representative been asked to participate in the development of the IEP, or contacted prior to the IEP for input?	____	____
2. Is the student affected by any of the following:		
a) aggressive or dangerous behavior?	____	____
b) a technology dependent condition (e.g., tracheostomy tubes, respirator, oxygen, temperature controlled vehicle, etc.)?	____	____
c) the need for other medical or assistive devices to be present (e.g., wheelchairs, walkers, adapted car seats, etc.)?	____	____
d) a particularly fragile condition such as osteogenesis imperfecta (brittle bones)?	____	____
e) a communicable disease or low resistance to communicable disease?	____	____
f) uncontrolled seizure activity or apnea (cessation of breathing) episodes?	____	____
g) need for an assistance animal?	____	____
h) need for an emergency protocol?	____	____
i) a medical attendant is required to ride on the bus (e.g., nurse or specially trained attendant)?	____	____
j) augmentative communication system	____	____

If yes, what is the specific need?_____

3. Does the district or its transportation service provider currently have adequate equipment to transport the student and any needed adaptive devices?	____	____
4. Are the proposed timelines for initiating transportation services for this student realistic?	____	____

5. How long will the student have to be on the bus (or other vehicle) for the ride?
Home to school/program _____ School/program to home _____

a. Are proposed riding times realistic, considering the specific needs of the student?	____	____
b. Has student's proposed program been evaluated in the context of required travel time?	____	____
6. Do alternatives to the proposed transportation exist?	____	____
7. Does the student require specific assistive devices during transportation (i.e., for positioning, communication, etc.)?	____	____

If yes, what is required?_____

a. Have the occupational, physical, and speech therapists who work with the student been involved in the design, prescription, adaptation, or utilization of these devices? ____ ____

8. If special devices will be used on the bus, have therapists or other prescribers/ designers been made aware of the restrictions and requirements which govern transportation of special needs students (e.g. which mobility devices are safe for a student to be seated in during transportation, what materials meet safety standards, when must lap trays be removed, etc.)? ____ ____

9. Is a bus attendant needed for this student? ____ ____

   If yes, why (please explain, e.g., need for frequent monitoring of respiration, frequent monitoring for choking or seizure, threat to others, etc.) _____
   _____

10. Does the district's transportation department or contracted provider have the necessary inservice training program dealing with this student's needs currently available locally ? ____ ____

    a. If no, how will one be obtained or developed? _____
    _____

11. Is there a complete transportation data file for this student? ____ ____

    a. parent or guardian's name (s), address (es), phone number (s); ____ ____
    b. pick up and drop off locations and times; ____ ____
    c. any additional assistive devices used by the student; ____ ____
    d. any assistive devices required for transportation; ____ ____
    e. the name of whom to contact regarding the operation of these assistive devices; ____ ____
    f. type of specific assistance the driver must provide, if any; ____ ____
    g. type of specialized training the driver must receive, if any; ____ ____
    h. whether a bus attendant is required; ____ ____
    i. target date for the initiation of transportation services; ____ ____
    j. clearly defined levels of the student's participation in emergency evacuation drills ____ ____

    List behaviors, skills, or needs that impact transportation:
    _____
    _____
    _____

12. Is there an emergency data card completed for this student? ____ ____

13. Have parents been informed of their role and responsibility in transportation of their child? ____ ____

14. Has the driver assigned for this student participated in regularly scheduled school bus emergency evacuation drills? ____ ____

a. How will this student be evacuated from the bus?_____

_____

15. Have parents requested that their child not be resuscitated? ____ ____

If yes: Is there a statement signed by parents? ____ ____
Is there a statement signed by physician? ____ ____
Have all other district policy requirements been met? ____ ____

If yes: What are transportation staff instructed to do? _____

_____

16. Is an assistance animal required for this student? ____ ____

If yes: Is there an veterinarian's certification of immunization? ____ ____
Is there a certificate of training? ____ ____
Have families of other students on the bus been contacted regarding allergies? ____ ____
What is the emergency procedure? _____

_____

17. Is there any disagreement regarding the transportation of this student? ____ ____

If yes: What is the point of disagreement? _____

_____

APPENDICES

Appendix A - Information for Administrators

1. ***Question:*** *If the parent can't or won't provide a wheelchair, is the district required to provide one?*
Answer: A 1989 decision by the U. S. Department of Education's Office of Special Programs states that a wheelchair must be provided as a related service if the chair is required to assist the handicapped student to benefit from special education. OSEP noted that related services include transportation for travel in and around school buildings and may include the provision of specialized equipment, such as a wheelchair. In short: the parent's refusal to supply an insurer-provided wheelchair for the child's in-school mobility does not relieve a district of its obligation to provide one without charge to the parents.

   Nothing prohibits the district from seeking assistance in the purchase of a chair from local service clubs, the PTA, or some other source of financial help or from obtaining used equipment from another agency or family. If the wheelchair is obtained, it must meet the student's needs.

2. ***Question:*** *If transportation is not mentioned in the student's IEP, does the district still need to provide it?*

   Answer: Omission of listing transportation in an IEP does not relieve the district of its responsibility to provide it, if a student needs transportation in order to benefit from a special education program. In addition, the district has a responsibility to ensure that it is in the IEP *if it is needed*. Failure to include transportation in the IEP of a student with a disability who requires transportation as a related service is a violation of Section 504 and PL 94-142 (reauthorization under PL 101-476).

   In a recent letter (McKeever 1990) the Oregon Department of Justice responded to a similar question:

   > "What if transportation is not listed on the IEP and the child's transportation needs are not connected to the child's handicapping condition? I found no Oregon cases or cases from the federal Ninth Circuit which were directly on point. The United States Court of Appeals for the Sixth Circuit considered a very similar situation in the case of McNair vs. Oak Hills Local School District, EHLR 441:381 (1989). In that case, a hearing impaired child had been enrolled by her parents in a private school for the deaf. The parents requested the resident school district to provide transportation from home to the private school as a related service. The parties stipulated that the child's hearing impairment did not require transportation services which were any different than those of other non-handicapped children. The court established four requirements for a district to provide transportation as a related service:
   >
   > 1) That the child is handicapped;
   > 2) That transportation is a related service;
   > 3) That the related service is designed to meet the child's unique needs caused by the disability; and,
   > 4) That the school district is responsible under the EHA and its regulations for providing related services under the particular circumstances of the case at hand.

   The court found that the parents had not met the third requirement listed because there was no relationship between the handicapping condition of the child and the related service:

'The need for transportation, although a related service, is no more unique to Kelly because she is deaf than it would be if she were not deaf. Since the statute specifically requires a relationship between the related service and the unique needs of the child, the third requirement under the EHA has not been satisfied, and the Act does not require Oak Hills to provide Kelly with transportation to St. Rita's.'

Children with and without disabilities, who live in remote areas may be effectively deprived of public education services when a school district eliminates transportation. Unless the handicapping condition of the child creates a special need for transportation services, the district is not required by the EHA to provide special transportation services."

The district should consider all four of the requirements listed by McKeever when determining whether or not they must provide transportation.

3. ***Question:*** *If a district eliminates transportation services in an effort to reduce costs, must they continue to provide transportation for handicapped students?*

Answer: The district does not have to continue the transportation of students with disabilities *unless:* the elimination of transportation would interfere with the student's access to an education, which is a violation of Section 504, transportation is needed due to the specific handicap (such as a physical disability or a chronic health problem), or the lack of transportation would place a greater burden on the parents of the student with a disability than was placed on other parents. However, students receiving special education whose IEPs list transportation as a related service must continue to be transported to and from school, even if non-disabled students are not transported.

School districts must exercise caution in terminating transportation services even to special education students whose IEPs do not list transportation as a related service. Occasionally, school districts neglect to indicate on the IEP that transportation is a related service when it is indeed necessary. Typically students with orthopedic impairments or chronic health problems will qualify for special transportation. Other students, such as those with mental disabilities, including some students who are emotionally disturbed, may qualify to receive transportation as a related service also.

Finally, school districts may work out other arrangements besides bussing to transport children to school. An alternative may be for a district to reimburse parents at a district rate (e.g., 22 cents per mile) for transporting the child. However, school districts may not require parents to transport their child to and/or from school if the student needs transportation because of a disabling condition.

In a recent letter (McKeever 1990) the Oregon Department of Justice responded to a similar question. Quote:

"In a letter dated September 24, 1990 you raised several questions concerning the obligation of school districts to provide transportation services to children with handicaps. Certain school districts in Oregon have eliminated or reduced transportation services in an effort to reduce costs. You asked whether a district must continue to provide transportation for handicapped students. If the district had listed transportation on the child's IEP as a service to be provided, the district is required to continue providing transportation even if arguably transportation might not be

necessary to meet the unique needs of the child. If the child's needs based upon his or her handicapping condition do not require transportation, the district could propose a change in the IEP to eliminate transportation after first giving notice as provided by 34 CFR S 300.505.

Must a district which is transporting a child to an ESD site outside the district continue to do so if the district has generally discontinued transportation services? I think the same analysis described above would apply to this situation. We would first look to the child's IEP to see if the district has agreed to provide transportation to the ESD site as a related service. If transportation is not listed on the IEP, the district is obligated only if transportation is required because of the child's handicapping condition. The only different circumstance would be if the ESD site is more distant than classes at the district schools. In that event, the district would be required to provide transportation to the ESD site so as not to require parents of handicapped children to transport their children farther than parents of non-handicapped children."

4. ***Question:*** *Is the district required to provide an aide or attendant on the bus?*

Answer: If a child needs the assistance of an aide in order to be transported on a bus, then the district must provide the aide or attendant or make other arrangements that meet the child's unique needs. Alternatives may include reimbursing parents to provide transportation or contracting for a taxi or an ambulance if those alternatives would satisfactorily meet the student's needs. A district should have a policy that includes considerations of the student's unique needs.

5. ***Question:*** *If the student isn't in special education, is the district still required to provide special transportation?*

Answer: Students who are not in special education, but who have a handicap or are considered to be handicapped, or were once handicapped are protected by Section 504. They have a right to access services. If, as a result of the student's handicapping condition, transportation is necessary for the student to access school services, then the district must provide transportation.

6. ***Question:*** *Are there national or state standards which regulate methods or devices for transporting a child with a disability?*

Answer: Oregon Administrative Rule 581-53-527 specifies some of the possible adaptive equipment accommodations for school buses but no designation of performance standards exist for these assistive devices.

Federal Motor Vehicle Safety Standards (FMVSS) 213 sets design and performance standards for "child restraints systems" but only for children weighing 50 pounds or less. Oregon Revised Statute 815.080 requires anyone selling safety belt, harnesses or child safety systems (restraint systems) to assure they comply with all federal standards; however FMVSS 222, which establishes seating standards for school buses, addresses the safety belt issue only for vehicles having a gross vehicle weight rating of 10,000 pounds or less. Large school buses are exempt from the belt requirements listed in ORS 811.210. Children with disabilities often cannot be accommodated by standard seats, common to regular school busses, and may need a restraint system after their weight exceeds 50 pounds.

7. ***Question:*** *Are school districts setting standards for the transportation of students who require wheelchairs or other assistive devices?*

Answer: Some districts are beginning to establish their own standards. For instance, in 1988 the Handicapped Seating Committee of the Washtenaw Intermediate School District Transportation Committee in Ann Arbor, Michigan, reviewed all national and international studies and made minimum recommendations. The report of their study, "Handicapped Seating Study Committee Report", is available for $3.50 from Washtenaw Intermediate School District, P.O. Box 1406, Ann Arbor, MI 48106-1406, telephone (313) 994-8100.

The recommendations of the Washtenaw Transportation Committee were:

a. *We recommend forward facing positioning of all wheelchairs and other adaptive seating during school bus or van transport.*

b. *We recommend that dynamically tested (30 m.p.h. and 20 G's) four point floor tie down systems be installed in recommended relationship to the wheelchair so that tie downs can be attached at proper angles on all buses or vans.*

c. *We recommend that the forward facing wheelchair passengers be secured with a dynamically tested (30 m.p.h. and 20 G's) three point lap and shoulder belt system, attached to the rear tie down straps, with the shoulder belt also attached at the top end to the bus wall. (Note: Sources of dynamic testing are very limited and are usually very expensive. Typically, only large-volume, well accepted products have been tested.*

d. *We recommend that a team approach be used to determine the proper angle and mark the best placement on the wheelchair to attach the tie down system to the floor mounted four point system.*

We further recommend that the team be available to assist the supervisors in selection and installation of wheelchair restraint systems.

e. *We recommend that only equipment required by the IEP be transported and that such equipment be properly secured.*

f. *We recommend that electric powered wheelchairs be powered only with gel electrolyte powered batteries for transportation on buses or vans.*

g. *We recommend that wheelchairs for school bus transportation be limited in maximum size to 30" wide and 53" long and weigh no more than 150 pounds.*

h. *We recommend that three wheeled cart type units (e.g., Pony, Amigo) and other stroller type wheeled devices not recommended for school bus transportation by their manufacturers and all other devices not recommended by the team, not be transported on the school bus or van unless the student is placed in a regular seat.*

i. *We recommend that inservice education programs be provided for transportation supervisors, special education bus drivers, bus monitors, teachers, teacher assistants and therapists*

concerning proper use of wheelchair restraint systems and adaptive equipment used on the bus.

8 ***Question:*** *Does the school district only have to transport students "curb-to-curb" or are they required to take them "door-to-door"?*

Answer: The school district's responsibility is essentially "curb to curb." However, the unique needs of the student could require transportation and other related services beyond the "curb". The district must take the student's unique needs into consideration and plan transportation services to meet those needs.

9. ***Question:*** *Are there sources of information about transporting students with special needs?*

Answer: Yes, there are several resources that focus specifically on transporting students with special needs:

Newsletters:

Transporting Handicapped Students is available by writing to Transporting Handicapped Students, P.O. Box 13460, Silver Spring, MD 20911-3460. It is published every two weeks. In 1991, a year's subscription was $137, or six months for $74. It contains current information on laws affecting transportation of students with handicaps, recent publications, training materials and other pertinent information.

Safe Ride News, American Academy of Pediatrics, P.O. Box 927, Elk Grove, IL 60009-0927. Printed four times per year, no charge.

Video tapes:

The National Alternative Transportation Coordination Project, developed and operated under the sponsorship of Albuquerque Public Schools, is a source of training materials for bus drivers and other educational staff. They currently produce videos on epilepsy, autism, and bus evacuation procedures. For more details, contact Mary Helen Campbell, Albuquerque Public Schools, Lew Wallace Complex, 515 6th Street NW, Albuquerque, NM 87102-2005, phone (505) 243-7811.

Six special needs training videos are available for purchase from AMS Distributors, Inc., Theresa Bashford, P.O. Box 457, Roswell, GA 30077, (404) 442-1945.

"Sharing the Challenge," 3 video tapes of presentations dealing with: 1) wheelchair transportation equipment; 2) school bus transportation of the handicapped (Lyle Stephens); 3) medically fragile children. From: Riley Hospital for Children, 702 Barnhill Dr., S-139, Indianapolis, IN 46223. Cost: $22.00 donation for each tape.

"Safely Home", a 16-minute video tape on safe transportation of orthopedic patients, including instruction on use and installation of the Splecast Seat, Swinger Car Bed and Modified E-Z-On Vest; Riley Hospital for Children, 702 Barnhill Dr., S-139, Indianapolis, IN 46223. Cost: $25.00 donation.

"Two Minutes or Less" is a driver training video with teaching curriculum produced by the New York Board of Cooperative Educational Services. In the evacuation scenes, actual special transportation students are helped out of the bus by drivers and aides who are practicing an evacuation plan they have developed. BOCES #1, Attn: Cary, 41 O'Conner Road, Fairport, NY 14450. Cost: $50.00.

"I Never Thought It Would Happen To Me AGAIN," video tape showing proper methods of securing a wheelchair and its occupant in a van, 13 minutes. Driver Ed. Program, Humana Hospital Lucerne, 818 S. Main Lane, Orlando, Fl 32801; (407) 649-6173. Cost: $40.00.

"Q'Straint Video" shows the need for and use of wheelchair tie-downs and harnesses, including crash-test footage. Q'Straint Co., 4248 Ridge Lea Road, Buffalo, NY 14226, (716) 831-9959.

Manuals:

Transporting Handicapped Students: A Resource Manual and Recommended Guidelines for School Transportation and Special Education Personnel by Linda F. Bluth, National Association of State Directors of Special Education, Inc., 2021 K Street, N.W. Suite 315, Washington, D.C. 20006. (1985).

A 119-page manual: Transporting the Special Needs Student, Colorado State Pupil Transportation Association (CSPTA), SPED Committee, Janine Moreland, Jefferson County Schools, 809 Quail Street, Building 2, Lakewood, CO 80215 (303) 674-5516. The manual is available for $10.00, payable to CSPTA.

Reports:

National Association Pupil Transportation (NAPT), Special Education Transportation Committee, Dianna Linder, Chairman, Exceptional Persons, Inc., 760 Ansborough Waterloo, IA 50704, (319) 232-6671.

"Handicapped Seating Study Committee Report", Washtenaw Intermediate School District Transportation Committee, 1988; Paul Linebaugh, Director of Administration & Transportation Services, Washtenaw Intermediate School District, PO Box 1406, Ann Arbor, MI 48106-1406, (313) 998-8173 Cost: $3.50 for postage and printing.

"National Committee on School Transportation Safety for the Handicapped", information on wheelchair standards; Lyle Stephens, Special Transportation Inc., 1250 Roth Drive, Lansing, MI 48910, (517) 694-3957.

"Dynamic Testing Information" Larry Schneider, BioSciences Division, University of Michigan Transportation Research Institute, (313) 763-3582.

Brochures:

Information Packet - Updates on Research and Products, Automotive Safety for Children Program, Riley Hospital for Children, 702 Barnhill Drive, S-139, Indianapolis, IN 46223.

Safely Transporting Children with Special Needs, 1988, Stephanie Tombrello, Los Angeles Area Child Passenger Safety Assn., 123 W. Manchester Blvd., Inglewood, CA 90301, (213) 673-2666. Cost: $3.00 donation.

Other Materials:

Transporting Children With Disabilities, an educational package, includes slide show with script for lay audiences (forthcoming); Mass. Passenger Safety Program, 150 Tremont St., 3rd Floor, Boston, MA 02111, (617) 727-1246.

Proposed Rulemaking, 49 CFR Part 571 (Docket No. 90-05; Notice 3), School Bus Passenger Seating and Crash Protection.

SAMPLE POLICY
Staff Responsibility in Student Medical Emergencies

1. All LEA/ESD staff assigned to work directly with students who are disabled shall receive regular training in procedures to be used in case of student medical emergencies (and shall hold a valid Red Cross first-aid card).

2. For each child who is disabled receiving LEA/ESD services who is identified by parents, a physician's report, or the LEA/ESD nurse as having the potential of needing emergency medical care, a procedure especially tailored to the child's unique needs shall be developed by the nurse in consultation with the other LEA/ESD staff, the parent(s)/guardian(s), and the physician, if it is necessary to get further medical information.

3. The procedure so developed will be available in the classroom and other sites where the child is normally served by the LEA/ESD. Staff assigned to the child will b e familiar with the procedure.

4. The parent may add comments to the procedure that is recorded on the emergency procedures card.

5. In case of medical emergency, LEA/ESD staff will administer pertinent first aid and follow the procedure outlined for the child. In case of any question about the need to provide life-sustaining or supporting procedures, the staff will: (1) call 911; and (2) attempt to contact the parent/guardian. If the parent/guardian is able to come to the site where the child is located before or at the time of the arrival of the 911 emergency medical technicians, then the parent shall direct the EMTs as to what procedures, if any, shall be used to sustain life. If the parent/guardian does not reach the site by the time the 911 team arrives, the LEA/ESD staff shall relinquish responsibility to the 911 EMTs, and shall provide the emergency procedures card for information for the 911 team.

6. LEA/ESD staff will take appropriate action to obtain emergency medical services for the child in all cases. When the parent is present on site, however, the parent will be responsible for determining what emergency medical procedures will be carried out by LEA/ESD staff and/or EMTs who respond to the 911 call.

Prepared by Nancy Hungerford, Attorney-at-Law

Appendix B - Information for Transportation Personnel

1. ***Question:*** *What laws govern services to students with special needs?*

   Answer: In Oregon there are three basic laws that govern services to children with special needs. They are:

   a. P.L. 94-142 and the corresponding Oregon Statutes
   b. Section 504 of the Rehabilitation Act
   c. Early Intervention statutes

2. ***Question:*** *What is P.L. 94-142?*

   Answer: P.L. 94-142 the Education for All Handicapped Children Act was passed by Congress in 1975. It requires that a free appropriate public education must be made available to all children with learning difficulties regardless of the type or severity of their disabilities. It also provides procedural safeguards to protect the rights of these children and their families. Each state was required to develop its own laws to ensure the implementation of this federal legislation. The U.S. Office of Education monitors the state to ensure it is meeting the requirements of P.L. 94-142.

   There are several major components to P.L. 94-142. Four major areas are:

   a. Free Appropriate Public Education (FAPE)
   b. Required steps to implement the law
   c. Parent participation in the process
   d. Procedural safeguards to protect student rights

3. ***Question:*** *What is a FAPE?*

   Answer:

   A) A Free Appropriate Public Education (FAPE) means that the special education and related services (including transportation) provided to children with handicaps by the public schools must be at no cost to the parents. Appropriate means that each child's program must be developed to address tha. child's unique learning abilities and needs. In order to assure this, the school district must develop an Individualized Educational Plan (IEP) for each child. While the district is not required to provide the very best possible program or a program to maximize the child's development, it must provide a program that reasonably attempts to meet the child's needs.

   B) Required Steps. The school district is required to complete the following steps to provide an appropriate program.

      1. Referral - If a teacher suspects that a child may have a handicap, the teacher must refer the student for evaluation.

      2. Evaluation - This is the process of testing and observing to gather more information about a child's learning needs. Evaluation procedures and tests must be selected to take into account

each child's age, culture, race, ability to speak English or need for sign language or other augmented communication. Parent permission is required.

3. Individualized Education Program (IEP) - The IEP is developed based on the results of the testing and observation. It must include specific instructional goals and objectives designed to address the student's unique needs. It should include all related services that will be needed.

4. Placement in the Least Restrictive Environment (LRE) - After the IEP has been written and agreed upon, a decision must be made about where the IEP can best be carried out. Placement should be as near the child's home as possible and should take into consideration the special needs of the child and the services necessary to meet those needs. The Least Restrictive Environment (LRE) is the setting where the child with a disability will to the maximum extent appropriate be educated with students who are not disabled. The law specifically requires that the child with a disability only be removed from the regular classroom when that child's education cannot be achieved satisfactorily in the regular classroom even with the use of supplementary aids and services.

5. Review - This step starts the process all over again. Each year (at least once every twelve months) a child's program and placement must be reviewed. A new IEP must be written and any changes in placement that are necessary, must be made. Parents also have the right to request a review of the IEP at any time that they feel it is not being implemented as agreed upon or that they feel the IEP needs to be changed to better meet their child's needs.

6. Re-evaluation - At least every three years each child with a disability must be re-evaluated to ensure that programs are based upon current and accurate evaluation information and that this child is still eligible for and needs special education. Re-evaluation can occur more frequently if the parents or school staff suspect the child's condition is changing or question the accuracy of previous evaluation results.

C) Parent Participation. The law requires that schools involve parents in the decisions about special education for their child. It is both a right and a responsibility.

D) Procedural Safeguards. A school district is required to follow specific rules and regulations to protect the rights of the student. For example, parents must give their written consent before their child can be tested to see if he or she qualifies for special education. The law provides for the parents right to be informed. It also protects the child's right to an education. For example, a parent and a school district cannot mutually agree that the child is too handicapped to benefit from an education and, therefore, decide the child will just stay home. The law requires the school to provide a free, appropriate public education for each child with a disability. Neither the district nor the parent can take away that right.

P.L. 94-142 and the corresponding Oregon laws and regulations have identified the following categories of handicapping conditions:

1. Specific Learning Disability
2. Seriously Emotionally Disturbed
3. Speech/Language Impaired
4. Orthopedically and Other Health Impaired

5. Visually Impaired
6. Hearing Impaired - Deaf, Hard of Hearing
7. Mentally Retarded
8. Multi-handicapped
9. Deaf-Blind
10. Autism

For each category there is a definition of the disability and an outline of the factors that must be considered by the Multidisciplinary Team in determining whether or not a child is handicapped. If a child is identified by the Multidisciplinary Team as disabled, then the child becomes eligible to receive special education and related services.

4. ***Question:*** *What changes in the law were mandated by PL 101-476?*

Answer: The 1990 amendments to P.L. 94-142 contained several major changes. The first and most noticeable is the change in name. Following the "people first" movement of recent years, the name has been changed from Education of the Handicapped Act (EHA) to **Individuals with Disabilities Education Act (IDEA).** Within the law all references to "handicapped children" have been changed to "children with disabilities." IDEA adds two new categories of disability: "Autism and "Traumatic Brain Injury." Also, two additional services were added to the list of related services contained in the law. They are "rehabilitation counseling" and "social work services."

Transition was specifically added to the law. "Transition services" are defined as "a coordinated set of activities for a student, designed within an outcome-oriented process, which promotes movement from school to post-school activities, including post-secondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation. The coordinated set of activities shall be based upon the individual student's needs, taking into account the student's preferences and interests, and shall include instruction, community experiences, the development of employment and other post-school adult living objectives, and when appropriate, acquisition of daily living skills and functional vocational evaluation."

IDEA also adds the requirement that IEP's shall include: "a statement of the needed transition services for students beginning no later than age 16 and annually thereafter (and, when determined appropriate for the individual, beginning at age 14 or younger), including, when appropriate, a statement of the interagency responsibilities or linkages (or both) before the student leaves the school setting," and "In the case where a participating agency, other than the educational agency, fails to provide agreed upon services, the educational agency shall reconvene the IEP team to identify alternative strategies to meet the transition objectives."

Definitions of "assistive technology device" and "assistive technology services" were also included in IDEA. They are the same ones used in the Technology Related Assistance for Individuals with Disabilities Act (PL 100-407). An "assistive technology device" is "any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities." Additionally, "assistive technology service" is "any service that directly assists an individual with a disability in the selection, acquisition, or use of an assistive technology device." IDEA requires that school

districts provide assistive technology devices and services that are specifically stated in the IEP.

5. ***Question:*** *What is Section 504?*

Answer: Section 504 of the Rehabilitation Act of 1973 is a civil rights statute which provides that: "No otherwise qualified individual with handicaps in the United States...shall, solely by reason of his/her handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance..." (This definition and the subsequent explanation are based on Student Access: Section 504 of the Rehabilitation Act on 1973, Oregon Department of Education, 1990.)

Section 504 is enforced by the Office for Civil Rights. This law affects school districts because they receive federal funds. It differs slightly from P.L. 94-142. One difference is that it covers more children. Under P.L. 94-142 children must be evaluated and found to have a handicap which is interfering with their ability to benefit from education. A person is considered handicapped under Section 504 if she/he:

A. Has a physical or mental impairment which substantially limits one or more major life activities. This would include children eligible under P.L. 94-142 plus children who are addicted to drugs or alcohol or who have a medical condition that does not currently interfere with their education, such as diabetes.

B. Has a record or history of such an impairment, a student who was once eligible under P.L. 94-142, but was decertified; one who was misclassified due to a mistake in evaluation; or one who had cancer or a Traumatic Brain Injury, but recovered.

C. Is regarded as having such an impairment. This can happen when a student:
   1. has a physical or mental impairment that does not substantially limit a major life activity but is treated by the district as having such a limitation (e.g., a student who walks with a limp).
   2. has a physical or mental impairment that substantially limits a major life activity, only as a result of the attitudes of others, for instance, a student who is obese.
   3. has no physical or mental impairment, but is treated by the district as having such an impairment (i.e., a student with HIV virus but no physical effects from it).

6. ***Question:*** *What does Section 504 guarantee?*

Answer: Section 504 is much broader than P.L. 94-142. There is no categorical listing of disabling conditions. Students do not have to qualify for special education to be covered. Section 504 guarantees the student access to the same education afforded non handicapped students.

7. ***Question:*** *What are the district's responsibilities under Early Intervention guidelines?*

Answer: School districts are required to provide transportation to students who are receiving early intervention programs and to participate in the development of the IEP the year that the student transitions to public school services.

8. ***Question:*** *What is the school district's responsibility for transportation under P.L. 94-142, Section 504 and Early Intervention?*

Answer: Under current law, all early intervention children are entitled to transportation services [ORS 343.363(4)]. Under PL 94-142, a special education student is entitled to transportation if it is required because of the student's handicapping condition and for the student to benefit from special education. And as discussed above, transportation is required for a student with a disability under Section 504 if because of the student's handicapping condition transportation is necessary for the student to have access to the school program.

9. ***Question:*** *How do the laws affect disciplinary discretion of transporting personnel? When can you remove a special education student from the bus?*

Answer: Bus drivers and attendants need to be aware of the requirements of each of these laws. They can discipline students on the bus to maintain order, however, that discipline cannot change the child's placement by making it impossible to participate in the program agreed to in the IEP. Nor can it prevent the child from accessing the program if the child is eligible under Section 504. For a disabled child, suspension of a related service is not distinguished from suspension from other components of the education program. However, a district may suspend a student for no more than 10 cumulative school days over the school year. No action beyond these short term suspensions may take place unless the district conducts a re-evaluation of the student and decides a change of placement is required.

10. ***Question:*** *Do all bus drivers and attendants need the same training?*

Answer: While there is a basic training program needed for all bus personnel, additional areas may be necessary only if a student with that particular need is placed on the bus. Specific training that may be required includes: administering oxygen, clearing an airway, suctioning a trach, monitoring seizure activity, monitoring a pulse, or utilizing effective "holds" for calming aggressive behavior. When a student with these specific needs is assigned to a bus, the transportation administrator should obtain appropriate training for either the bus driver or a bus attendant if one is to be present. Oregon state law requires that RN's be utilized to provide the training, evaluation and follow-up of delegable nursing tasks.

11. ***Question:*** *What is the IEP process? How can transportation staff most effectively impact the process?*

Answer: The IEP process as described above is the development of the unique plan that all team participants believe will provide a program to educationally benefit the student with a disability. The transportation staff should be notified prior to the development of the IEP if the student is one that will most likely require special transportation arrangements or equipment. Transportation staff can most effectively impact the IEP process by having an effective line of communication with the special education administration and having a transportation staff member with decision-making authority identified to participate in IEP meetings when deemed appropriate.

12. ***Question:*** *What kind of expertise do various special education personnel have and why would you contact them?*

Answer: Teachers - The student's special education and/or regular education teacher will have a complete copy of the student's IEP. In addition, the teacher is a resource for the student's behavioral and educational program. He/she may also refer questions to other appropriate personnel.

Nurses - Nurses are a valuable resource when planning for meeting the health care needs of students during transportation. They may be involved in writing medical protocols. They must provide the training required for any delegable nursing tasks. They also may be resources for the procurement, training and use of specialized medical equipment such as respirators, oxygen tanks, vital sign monitors, etc.

Physical Therapists - PT's are trained to address the physical management and mobility of the student. They may address positioning of the student for stability and maximum security. They are also a resource for training transportation personnel in lifting, carrying and handling techniques to prevent injury to personnel as well as to students.

Occupational Therapists - OT's are trained to address the functional and self help aspects of a student's disability. An occupational therapist can be a resource to transportation personnel when they have questions about a student's ability to help himself, reach for objects, etc. The OT may also be a resource for the design and fabrication of a specialized piece of adaptive seating equipment.

Speech Pathologist - The speech pathologist is the resource for providing information on the student's ability to give and receive language. Sometimes speech pathologists are specifically trained in Augmentative Communication. They are a resource for information in the use of specialized communication systems for a student who can't speak or whose speech cannot be understood.

Special Needs Transportation
Transportation Staff Questionnaire

		YES	NO
1.	Do you work closely with special education staff members?	____	____
2.	Do you know who to contact when you have a question about a specific student's behavior, language, motor skills, or positioning needs? If no, whose skills do you need to know more about? _____	____	____
3.	Do you know the procedural safeguards required by PL 94-142 and the corresponding state regulations? If no, what questions do you have? _____	____	____
4.	Do you know how to communicate with all of the students that you transport? If no, whose communication ability would you like to know more about? _____	____	____
5.	Have you received training about the disabling conditions experienced by the students that you transport? If no, what disabling condition do you want to learn about? _____	____	____
6.	Do you know how to utilize and operate each of the assistive devices used by students on your bus? If no, what assistive devices do you want to know more about? _____	____	____
7.	Do you receive information about the relevant IEP goals of the students on your bus so that you know what behavior is expected, acceptable consequences for both positive and negative behaviors, how the student communicates, what positions are therapeutic, etc?	____	____

If no, what student(s) do you need to know more about? _____

_____

Appendix C - Information for Special Education and Related Services Personnel

In 1986, the State Board of Education adopted OAR 581-53-545, establishing standards and rules for smaller vehicles with a capacity to transport not more than ten persons, including the driver. These vehicles are referred to as Type 10 vehicles. Until recently, the Department of Education has interpreted these requirements as applying to all vehicles, including those under the ownership of school employees who regularly transport students for school activities. (Such activities include field trips, community experience programs, work experience at a job site, and recreational activities.) However, in March 1991 the Oregon Attorney General advised the Department of Education that the State Board rules do not apply to privately owned Type 10 vehicles, except in those instances where the owner uses his or her vehicle for the **primary** purpose of transporting students.

As a result, privately owned vehicles are not subject to the state requirements and school districts should develop their own policies concerning the use of employee owned cars. There are a number of reasons why school districts should consider developing such policies:

1. School districts are responsible for transportation of students by school employees during school sponsored activities.

2. School districts may be liable for injuries incurred by students as the result of negligent driving by a school employee or defective equipment on a school employee's vehicle.

3. An employee's auto insurance policy may not cover accidents occurring while the employee is using his or her car for employment activities. In any event, claims for injuries will be made against both the school district and the employee, since the district is generally responsible for acts of its employees.

4. Instructional assistants, employees and volunteers who transport students in their private vehicles have more opportunities to be alone with students in unsupervised situations than in the normal school setting. This suggests greater need for school districts to be aware of the driving and criminal records of individuals.

5. Students with special needs may require special care and supervision when riding in employee vehicles. The students also may be particularly vulnerable to injury if an accident occurs.

Although the Type 10 regulations under OAR 581-53-545 regulations do not currently apply to privately owned vehicles, districts might want these regulations as guidelines for developing their own policies. The Type 10 standards include the following requirements:

Drivers for school activities must:

- Be at least 18 years of age.

- Possess a valid driver's license or Oregon Class 1, 2, 3 or 4 license, or a Class C non-commercial or any class commercial license.

- Possess a valid first-aid card within 120 days of use of a privately owned vehicle to transport students.

- Pass a driving record check (which may be provided by the Department of Education).

- Pass a criminal record check (certified teachers may be exempted). (A criminal record check will be performed by the Department of Education upon request by a school district.)

- Receive training on emergency procedures, evacuation, pre-trip inspection and other driver rules concerning accident reports, laws and limitations.

- Be maintained on an approved driver's list at the Department of Education.

- Report to the employee's supervisor within 15 days any conviction for the driving offenses of hit-and-run, driving under the influence of intoxicants, reckless driving, fleeing or attempting to elude a police officer while operating a motor vehicle, failure to perform the legal duties of a driver involved in an accident or collision which results in injury or death of any person. Report to the employee's supervisor within 15 days conviction for any moving violation resulting from the unsafe operation of a motor vehicle.

- Report to the employee's supervisor within 15 days any conviction for a sex offense involving force and/or minors, a crime involving violence, threat of violence or theft, a crime involving activities in drugs or alcoholic beverages.

- Report to the employee's supervisor within 15 days involvement in any traffic accident.

- Obey other safety requirements concerning passenger capacity, use of tobacco in the vehicle, consumption of alcoholic beverages, inspection of the vehicle, leaving the vehicle unattended with passengers aboard, operation within driving time limits.

Drivers who transport students to and from school in Type 10 vehicles must also:

- Pass a behind-the-wheel test.

- Complete a pre-trip inspection prior to each trip.

- Demonstrate a knowledge of laws and regulations which apply to Type 10 vehicles.

The Type 10 vehicles must also meet the following requirements:

- Be of the manufacturer's standard construction.

- Have a maximum gross vehicle weight rating of not more than 10,000 lbs.

- Carry a 24-unit first-aid kit.

- Carry a 5-pound fire extinguisher.

- Carry DOT approved triangle road reflectors.
- Be equipped with Oregon approved seat belts at each seating position.
- Be inspected annually by the school district.

School districts may contact the pupil transportation division, Oregon Department of Education at (503) 378-3577 for developing policies that apply to privately owned vehicles and their drivers.

Special Needs Transportation
Education and Related Services Staff Questionnaire

		YES	NO
1.	Do you know who to contact when you have a question about how a student is transported?	____	____
	If no, what student do you have concerns about? _____		
2.	When you participate on an IEP committee, do you typically have information about the availability and plan of transportation?	____	____
	If no, for what student do you need transportation information? _____		
3.	Do you know the requirements for transporting students in your own vehicle for school activities?	____	____
4.	If you recommend, design, adapt, or create adaptive seating, do you know the safety requirements that must be met in order to transport a student on the bus in that adaptive device?	____	____
5.	If you are responsible for an assistive device for seating or communicating, do you train transportation staff to properly utilize and operate the device?	____	____
6.	Do you check with transportation staff to insure that they are aware of the IEP goals and objectives for students with unusual behavior, communication, or positioning needs?	____	____
7.	If you have information on a rare handicapping condition or unusual student characteristics, can you be available to share that information with transportation staff?	____	____
8.	When procuring mobility and/or positioning equipment from vendors, do you consider the transportation needs of the student?	____	____

Please circulate to:
Parents of Children with Special Needs
Newborn Intensive Care Units
Pediatric Rehabilitation Units
Pediatricians, Family Physicians
Physical Therapists
Occupational Therapists
Orthopedic Specialists
Public Health Nurses
Crippled Children's Services
Medical Equipment Dealers
School Transportation Directors
Special Education Coordinators

The Challenge of Transporting Children with Special Needs

by Deborah Davis Richards

Motor vehicle crashes are the major cause of death and injury to young children. Child safety seats (CSSs) and lap/shoulder belts are very effective in preventing trauma. Yet, infants and children with conditions such as low birthweight or orthopedic, neuromuscular or respiratory problems often have difficulty using conventional restraint systems. Keeping these children from harm while transporting them from home to clinics, schools or friends' homes, is a challenge. For young children in passenger cars, it's also the law.

How can you help?

- become well informed yourself
- share current information with others
- make transportation safety a priority for families selecting an adaptive device
- encourage hospitals and other groups to loan devices to families who can't afford to buy them or need them temporarily.

Basic Crash Protection

All children deserve protection from injury caused by motor vehicle crashes. Methods and products for transporting children with special needs vary from the simple to the complex. Yet, the basic concerns are the same as for any other child passenger:

- Proper fit and comfort of the child;
- The device must restrain the child;
- Correct installation of the device;
- The protective value of the device, based on standards or dynamic tests.

A Few Words about Standards

Transportation of children with special needs is a new field, for which specific standards have not yet been developed. Some of the products discussed here are certified to meet all the requirements of Federal Motor Vehicle Safety Standard (FMVSS) 213, which covers auto restraints for able-bodied children up to 50 lbs. (These bear a certification label.) Other devices are not technically certified, although they may meet the crash-test criteria of FMVSS 213, or are not required to meet the standard because they are not primarily intended for use in motor vehicles.

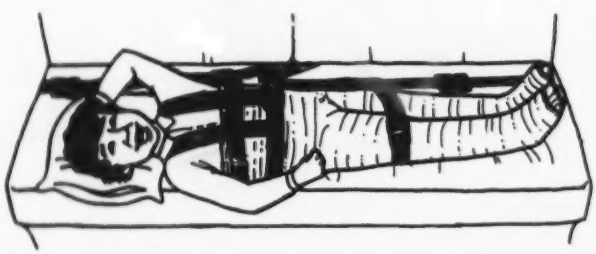
Manufacturers of products listed on p. 4 have indicated that, when outfitted and anchored in the recommended fashion, their products perform satisfactorily in 30 mph dynamic tests. Due to the lack of standards, blanket claims of compliance with federal crashworthiness regulations for products not listed in this report must be treated with skepticism. Manufacturers should be able to provide test reports from reputable research laboratories. (New products will be listed periodically in Safe Ride News.)

Solutions for Auto Use

Many children with special needs who are under 40 lbs. and 40 inches in height can get the support and protection they need by using standard child safety seats (CSSs). These are low in cost, easy to install and use, and should be tried before resorting to a special device. (See page 2 for using adaptive seats in the family car.)

Tips for Using Child Safety Seats:

- Do not alter a CSS unless the modification has been crash-tested.
- Use CSSs with a 5-point harness, which can be adjusted to provide good upper torso support.
- If an infant's head falls forward, tilt the CSS so the child reclines at a 45 degree angle (see Premature Infants, p. 2).
- For children over 20 lbs. with poor head control, use a convertible seat that can be semi-reclined facing forward.
- Cloth rolls can be used for lateral support of the child's trunk and head, between the legs and the crotch strap to reduce slouching, or under the knees, in front of the crotch strap, to reduce arching.
- If padding is needed behind the back, use a folded cloth, never a soft cushion.
- Do not restrain the child's head separately from the torso.



A. Modified E-Z-On Vest for a child in a body cast lying on the vehicle seat

Using Adaptive Devices for Special Conditions

Some children need adaptive devices whether in the car or not. Others need crashworthy devices for support once they outgrow CSSs, at about 40 lbs. or 40 inches in height (see list, p. 4).

Premature Infants:

How can children who weigh under 5-to-6 lbs. ride comfortably in safety seats?

Low birthweight infants should be carried in infant-only CSSs that have harnesses designed to fit small bodies. For optimum fit, the shoulder straps should have adjustment slots 10" or less above the seat bottom, and the crotch strap should be about 5 1/2" from the seat back.

For larger models, add padding along the sides of the carrier and between the crotch and the crotch strap to hold the premature infant in place. Also, be sure that the shoulder straps are through the lowest slots and that the clip holding the shoulder straps together is over the chest, not near the neck or on the abdomen.

All infants should ride facing the rear. If the CSS is so upright on the vehicle seat that the baby's head drops forward, tilt it back. Wedge a cloth roll under the CSS base at the baby's feet, so that the baby reclines at a 45 degree angle. Fasten the safety belt snugly before tilting the CSS. Reclining the seat lower than this could compromise protection.

A convertible CSS (which fits toddlers as well as infants) with a 5-point harness can be used if necessary. Seats with shields (large padded surfaces in front of the child) or armrests are *not* suitable. Not only does the shield make snug fit of the harness impossible for a premie, but the shield or armrest could contact the infant's neck or face in a crash.

Can premature infants with potential respiratory problems ride in infant seats?

Many can ride safely in a semi-reclined position, although an adult should always monitor the infant in the car. Infants with potential respiratory problems should be observed by their doctor in the infant safety seat for about 30 minutes before being released, to see if breathing difficulties are likely to occur.

If the infant must be reclined further than 45 degrees to avoid breathing problems, consider using the Evenflo Dyn-O-Mite or Infant Safety Seat fully reclined, *with the auto shoulder belt wrapped around the front* (these seats made between 1985 and Jan. 1989 have an unusually low position).

If it is necessary for the infant to ride lying flat, use the Swinger car bed.

What if the infant must lie prone?

Place a small infant (under 10-12 lbs.)who must lie chest down in either the Swinger car bed (see next question) or a modified rearward-facing Dyn-O-Mite infant CSS. The Dyn-O-Mite should be reclined to its lowest in-car position, with the shoulder belt around the front of the carrier. Wrap a 2" wide "Velcro" strap longitudinally around the seat, over the child's head, and *under* the harness. Push it through the slot for the crotch strap and secure it at the seatback with an 18" overlap. This modification has been dynamically tested. **(see fig. B)**

Orthopedic Problems:

Can a child be transported lying flat?

For children under 20 lbs. and 26 inches, a special car bed can be used (Swinger). The Swinger requires the space of two seating positions. If it is unavailable, a baby under 10-12 lbs. who must lie prone can be accommodated by the modified Dyn-O-Mite.

For larger children, a specially modified harness can be used (Modified E-Z-On Vest). The child lies across the rear bench seat, with the harness secured by two lap belts, and the legs by an extra belt. A large foam pad behind the front seatback limits head and shoulder motion (see **fig. A**).

If a child lies laterally on the vehicle seat, the head must be toward the center of the vehicle.

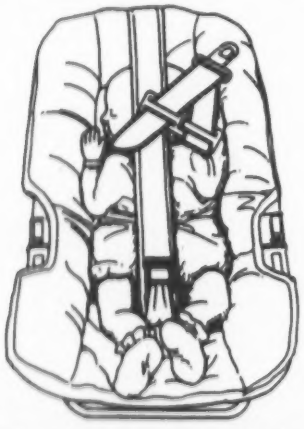
What about children with spica casts?

Use a specially modified convertible safety seat (Spelcast) that has cut-away sides and seat bottom, providing room for the legs to stick out. The Spelcast fits children from birth to 40 lbs. **(see fig. C)**

Neuromuscular Problems:

How can a child who requires an adaptive seat be safely carried in a car?

Some specialized seats can be used in vehicles as well as in the home. Some require only a standard lap belt for securement to the vehicle. Most other harnesses and seats require the addition of extra equipment (e.g. a tether or belt to hold the chair in the car or an additional harness to hold the child in the device) which may have to be specially ordered.



B. Infant lying prone in Dyn-O-Mite infant safety seat, showing velcro strap passing under harness.

C. Infant with spica cast in Spelcast seat.

Concepts for Car Safety

- Do not use the belts restraining the child also to fasten the device to the vehicle.
- Do not alter a restraint system unless the modification has been successfully crash-tested.
- Always follow the manufacturer's instructions.
- Fasten the child's harness snugly.
- If any padding is necessary behind the back, it should be firm, not soft.
- Secure all ancillary medical equipment (e.g. monitors, oxygen tanks, suction machines) in the vehicle.

Transporting Children in Wheelchairs

Not all devices that work in the home or school are adequate for safe transportation. Selection of this equipment should be made with safety in mind.

Can wheelchairs be used safely in motor vehicles?

The concern in using wheelchairs in vehicles lies with the entire system, including the wheelchair and its orientation, tie-downs, and occupant harnesses. Dynamic tests of wheelchairs installed facing sideward (the most usual orientation), with commonly used occupant harnesses and tie-down hardware, have shown that the occupant cannot be adequately protected in a head-on crash.

Although no national standards exist for the crashworthiness of wheelchairs, occupant restraint harnesses or tie-down systems, there is a growing consensus about how this system should work, as described below (see product list, p. 4).

How should wheelchairs be attached to the vehicle?

A wheelchair should be anchored with four points of attachment to the vehicle, two in front and two behind. The chair should always face forward. The tie-down system must be attached according to its manufacturer's instructions to a sturdy part of the wheel chair frame. Consult the wheelchair manufacturer for recommendations of specific tie-down systems for a particular wheelchair model.

When transported in the wheelchair mode, small travel chairs (which also can be used on the vehicle seat) must employ the tie-down systems and occupant restraint harnesses described here.

How can children be properly secured in wheelchairs?

Generally, positioning harnesses which come with wheelchairs are not considered crashworthy. In a vehicle, a wheelchair passenger must be restrained using lap/shoulder harnesses that have passed dynamic tests. These may be fastened to the vehicle, the tie-down straps or the chair itself, depending on the design. Generally, the shoulder harness is fastened to the vehicle. Proper fit is important; the upper body harness should fit across the shoulder and chest while the lap belt should be snug and low on the hips.

Any equipment attached to the front of the chair, such as a tray, should be removed and secured separately because, in a crash, the child could be thrown forward against it even if properly harnessed.

Are there regulations for school transportation procedures?

No federal regulations exist which deal with the aspects of safe school transportation covered above. A few state departments of education have adopted rules requiring wheelchair-bound children to be transported facing forward or are conducting conferences to inform professionals about the issue. Local school districts can adopt their own transportation regulations to improve the quality of their service to children with special needs.

D. Child's weelchair facing forward in van with four tie-downs and lap/shoulder harness

Concepts for Wheelchair Use:

- Wheelchair passengers should ride facing forward.
- Anchor the wheelchair to the vehicle with a four-point tie-down system that has been dynamically tested.
- Secure the occupant in the wheelchair with a dynamically tested restraint system which includes a shoulder harness for upper body protection as well as a lap belt.
- Use all tie-downs and occupant restraints according to manufacturers' instructions.

Resources:

Information Packet - Updates on Research and Products: Automotive Safety for Children Program, Riley Hospital for Children, 702 Barnhill Dr., S-139, Indianapolis, IN 46223.

Safely Transporting Children with Special Needs, 1988, Stephanie Tombrello; $3 donation requested; Los Angeles Area Child Passenger Safety Assn., 123 W. Manchester Blvd., Inglewood, CA 90301; 213-673-2666.

Transporting Children with Disabilities, an educational package, includes slide show with script for lay audiences (forthcoming); Mass. Passenger Safety Program, 150 Tremont St., 3rd. floor, Boston, MA 02111; 617-727-1246.

Sharing the Challenge, 3 videotapes of presentations dealing with: 1) wheelchair transportation equipment; 2) school bus transportation of the handicapped (Lyle Stephens); 3) medically fragile children. From: Riley Hospital (address above); cost: $22 donation for each VHS tape.

Safely Home, a 16 min. VHS video on safe transportation of orthopedic patients, including instruction on use and installation of the Spelcast Seat, Swinger Car Bed and Modified E-Z-On Vest; Riley Hospital (address above), Cost: $25 donation.

I Never Thought It Would Happen to Me AGAIN, videotape showing proper methods of securing a wheelchair and its occupant in a van, (13 mins.), $40; Driver Ed. Program, Humana Hospital Lucerne, 818 S. Main Lane, Orlando, FL 32801; 407-649-6173.

Q'Straint Video: shows the need for and use of wheelchair tie-downs and harnesses, including crash-test footage: from Q'Straint Co. (see manufacturers' list).

Handicapped Seating Study Committee Report, Washtenaw Intermediate School District Transportation Committee,1988; Paul Linebaugh, Dir. Admin. & Transp. Services, Washtenaw Int. School District, PO Box 1406, Ann Arbor, MI 48106-1406; 313-998-8173 ($3.50 postage & printing).

Nat. Committee on School Transportation Safety for the Handicapped, information on wheelchair standards; Lyle Stephens, Special Transportation Inc., 1250 Roth Dr., Lansing, MI 48910; 517-694-3957.

Dynamic Testing Information; Larry Schneider, BioSciences Div., U. of Michigan Transportation Research Inst., 313-763-3582.

Restraint Systems for Children with Special Needs

All products listed below have been tested by their manufacturers for crashworthiness. Some are labeled to certify that they meet all criteria of FMVSS 213.

Low-Birthweight Infants:

Infant-only CSSs, e.g. Dyn-O-Mite (Evenflo) and First Ride (Cosco), with crotch strap/seat back distance of 5 1/2" and low shoulder strap slots (10" or less above the seat) are easiest to use. Other CSSs without shields or armrests, used with padding at sides and crotch.

Infants and Children Lying Flat:

Swinger Infant Car Bed/Carry Cot: Shinn & Assoc.; 7-20 lbs. and 26" height, child lies flat on bench seat, secured with 2 lap belts; $275.
Low Birthweight Bunting: Koziatek & Assoc.; 4.75-7 lbs., insert for Swinger Infant Car Bed for use by premature infants, $35.
Dyn-O-Mite: Evenflo; Modified for infants under 10-12 lbs. lying prone; 2"-wide velcro strap needed for use; $26.
E-Z-On Modified Vest: E-Z-On Products; 20-35 lbs., 4-point harness for use with 2 lap belts and auxiliary belt; $40.

Children with Spica Casts

SPELCAST: Koziatek & Assoc.; 7-40 lbs., modified Evenflo #410 convertible CSS; 5-point harness; optional tether for added protection; $130
E-Z-On Vest: (see toddler listing).

Wheelchair Tie-downs & Occupant Restraints

All of these products consist of tie-down attachments for front-facing wheelchairs and lap/shoulder harnesses (except as noted).
Aeroquip Wheelchair Tie Down FE 500 (tie-down only). Aeroquip Corp.
Protector, Ortho Safe Systems, Inc.
Q'Straint: Q'Straint Co.
Secure-Lok: Greshem Driving Aids
Straplok: Creative Controls Inc.

Toddlers & School Children

Selection depends on child's special positioning needs. (Unless noted, all have wheeled bases for mobility.)

Britax Special Car Seat: Shinn & Assoc.; 20-105 lbs. and 5' height; 5-point harness; tether required for children over 50 lbs.; $425.
Carrie Seat: Tumble Forms Inc.; 3 sizes (20-40, 30-60, 50-100 lbs.); model #4641, 4-point harness; attaches to vehicle with lap belt and installed tether; do not confuse with similar seat for indoor use or earlier version (#4640); $675-$785.
Columbia Orthopedic Positioning Seat: Columbia Medical Mfg. Corp.; 20-65 lbs.; 5-point. harness; $429.
E-Z-On Vest: E-Z-On Products; Eight sizes, for toddlers to adults; upper-torso support for people who can sit erect; 4-point harness used with lap belt; tether or other special anchor belts must be installed; no stroller base; $53-57.
Kidster: Gunnell Inc.; Three sizes for age 2-12 years; 5-point harness and tether must be used in vehicle (order separately); $1,326-1659; car seat package, $212.
Snug Seat: Snug Seat Inc.; 20 to 40 lbs.; 5-point harness; tether needed if reclined; (larger version under development); $599.
900 Series Transporter: Safety Rehab Systems Inc.; Adjusts to fit from 8 months to 5-6 years; tether and 5-point harness (#15073) must be used in vehicle (order separately); $850-$1213.
Travel Chair: Ortho-Kinetics; 2 sizes, 15-45 lbs., 25-90 lbs; auto lap/shoulder belt must be used to secure the child, with extra lap belt installed to restrain the seat (order separately); $698-765.

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- Willett, LD, Leuschen, MP, Nelson, LS, Nelson, RM; Risk of Hypoventilation in Premature Infants in Car Seats, *Journal of Pediatrics*, August 1986.
- Ensuring Safety of the Handicapped: *School Bus Fleet*, February-March 1987.
- Wheelchair Tie-Down Systems Evolve, *School Bus Fleet*, June/July 1988.

Manufacturers/Distributors

Aeroquip Corp., Transportation Products Div., PO Box 927, Lawrence, KS 66044-0927; 913-841-4000
Columbia Medical Manufacturing Corp., PO Box 633, Pacific Palisades, CA 90272; 213-454-6612.
Creative Controls Inc., 32450 DeQuindre, Warren, MI 48092; 313-979-3500.
Evenflo, 1801 Commerce Dr., Piqua, OH 45356; 513-773-3971.
E-Z-On Products, 500 Commerce Way West, Jupiter, FL 33458; 305-747-6920 or 800-323-6598 (outside FL).
Greshem Driving Aids, 30800 Wixom Rd., Wixom, MI 48096; 313-624-1533.
Gunnell Inc., 221 N. Water St., Vassar, MI 48768; 800-551-0055
Koziatek & Assoc., 190 W. Boston Rd., Hinckley, OH 44233-9631; 216-659-4961
Ortho-Kinetics, PO Box 2088, Milwaukee, WI 53201-2088; 800-522-0992 (inside WI) or 800-558-7786
Ortho Safe Systems Inc., PO Box 9435, Trenton, NJ 08650; 609-587-3859.
Q'Straint Co., 4248 Ridge Lea Rd., Buffalo, NY 14226; 716-831-9959.
Safety Rehab Systems Inc., 147 Eady Court, Elyria, OH 44035; 216-366-5611 or 800-421-3349 (outside OH)
Shinn & Assoc., 2853 W. Jolly, Okemos, MI 48864; 517-332-0211.
Snug Seat Inc., PO Box 1141, Matthews, NC, 28106; 704-847-0772.
Tumble Forms (J.A. Preston Corp.), 60 Page Rd., Clifton, NJ 07012; 201-777-2700 or 800-631-7277.

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Wheelchair drawing by Nancy Bartolamay. Other illustrations courtesy of Automotive Safety for Children Prog., Riley Hospital, Indianapolis, IN.

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